

Physician-Related Services

Includes: Physicians, Mid-Level Practitioners, Podiatrists, Laboratories, Imaging Facilities, Public Health Clinics, Family Planning Clinics

Spring 2012 Provider Fair

Contacts

Claims issues: general claims questions. Ask ACS claims questions **first** and they will redirect to appropriate State staff.

ACS 1-800-624-3958

Other Resources for 1500 Claims

- ❖ Claims issues (timely filing)
Brenda Beardslee
Physician Claims Specialist
406-444-3337
BBeardslee2@mt.gov
- ❖ NDC & EPSDT claims issues
Beverly Hertweck
Physician Program Specialist
406-444-9633
bhertweck@mt.gov
- ❖ Bob Wallace
Physician Program Section Supervisor
406-444-5778
bwallace@mt.gov
- ❖ General Program and/or Policy questions
Connie Olson RN
Physician-Related Services Program Officer
406-444-3995
COlson2@mt.gov

Physician-Related Services Website

- ❖ <http://medicaidprovider.hhs.mt.gov/providerpages/provider/27.shtml>

Manual, rules & regulations, fee schedules, provider notices and replacement pages, other resources, key contacts, and rebateable manufacturers located on this website.



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NEW PROVIDER
ENROLLMENT OR EXISTING
PROVIDER REENROLLMENT

MONTANA MEDICAID CLIENT INFORMATION PROVIDER INFORMATION

Log in to Montana Access to
Health

NEW 5010 HIPAA
Information

Claim Instructions

Contact Us

Definitions and Acronyms

Early and Periodic Screening,
Diagnosis and Treatment

Electronic Billing

Electronic Billing Companion
Guides

Electronic Health Records
Incentives

Emergency Services

Physician

[Provider Manuals](#) (Updated May 14, 2012)

[Medicaid Rules/Regulations](#) (Updated May 9, 2006)

[Fee Schedules](#) (Updated January 30, 2012)

[Archived Fee Schedules](#) (Updated February 8, 2010)

[Notices and Replacement Pages](#) (Updated May 1, 2012)

[Other Resources](#) (Updated May 2, 2012)

[Remittance Advice Notice](#)

[Key Contacts](#) (Updated April 13, 2012)

[Rebateable Manufacturers](#) (Updated March 28, 2012)

Provider Manuals

[General Information for Providers](#) **Updated April 2012**

Medicaid billing manual with general information for all provider types.
04/2012

[Physician-Related Services](#) **Updated March 2012**

This manual has billing instructions specific to your provider type.
05/2012

[Mental Health Services – Adult](#)

This manual has billing instructions specific to your provider type.
07/2011

Other Websites for Information

- ❖ Although all of the Physician-Related Services have information about billing and some highlighted points of interest, there are other website pages with additional specific information available, such as:
- ❖ (Clinics) Public Health can also be found under Public Health Clinic
<http://medicaidprovider.hhs.mt.gov/providerpages/providerpage/63.shtml>

Other Websites for Information (cont'd)

- ❖ Independent Diagnostic Testing Facility (IDTF)
<http://medicaidprovider.hhs.mt.gov/providerpages/provider/72.shtml>
- ❖ Lab and Imaging
<http://medicaidprovider.hhs.mt.gov/providerpages/provider/40.shtml>

Other Websites for Information (cont'd)

- ❖ Family Planning information can be found at <http://medicaidprovider.hhs.mt.gov/providerpages/provider/16.shtml>
- ❖ Podiatrist <http://medicaidprovider.hhs.mt.gov/providerpages/provider/05.shtml>

Other Websites for Information (cont'd)

- ❖ EPSDT information can be found at <http://medicaidprovider.hhs.mt.gov/providerpages/provider/04.shtml>
- ❖ EPSDT includes a medical screen (sometimes called a well-child checkup), vision screen, dental screen and hearing screen for all Medicaid-enrolled children.

Other Websites for Information (cont'd)

- ❖ Mid-Level Practitioner:
<http://medicaidprovider.hhs.mt.gov/providerpages/provider/44.shtml>
- ❖ Physician:
<http://medicaidprovider.hhs.mt.gov/providerpages/provider/27.shtml>

Rule References

- ❖ Providers should familiarize themselves with all current rules and regulations governing the Montana Medicaid program.
- ❖ Links to rules are available on the Provider Information website under Medicaid Rules/Regulations.
- ❖ Provider manuals do not contain all Medicaid rules and regulations. Rule citations in the text are a reference tool; they are not a summary of the entire rule.

Family Planning Clinic

Family Planning information can be found at:

- ❖ <http://medicaidprovider.hhs.mt.gov/providerpages/providerpage/16.shtml>
- ❖ If 340B drugs are provided to Medicaid clients at your clinic, please remember:
“Non 340B = NDC”
- ❖ All 340B must be billed with **acquisition costs only**.

Physician-Administered Drugs

- ❖ **ARM 37.85.905(2)**
Physician-Administered Drugs, Requirements
- ❖ Reimbursement will be made only on those drugs manufactured by companies that have a **signed rebate** agreement with the CMS.
- ❖ The list of rebateable manufacturers is at:
<http://medicaidprovider.hhs.mt.gov/pdf/1q11labelersrebate.pdf>

NDC

- ❖ An NDC is required on drugs reimbursed by Montana Medicaid.
- ❖ Read the Notices and Replacement pages on the Physician website page.
- ❖ Questions about the NDC claims, contact Beverly Hertweck at 406-444-9633 or bhertweck@mt.gov.

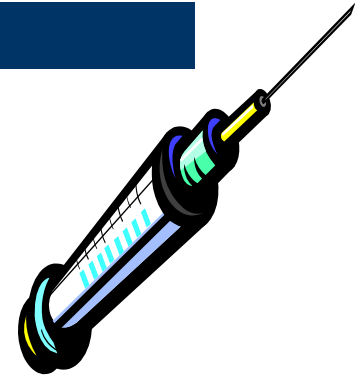
NDC Billing Tips

- ❖ NDCs must be valid and 11 digits long.
- ❖ Use NDC unit qualifier (UN - ML – GR – F2).
- ❖ Report quantity (HCPCS units and NDC units may be different).
- ❖ Do not put any punctuation in NDC.
Example: N412345678910UN1
- ❖ Payment is based on HCPCS code.
- ❖ Bill HCPCS units **and** NDC units.

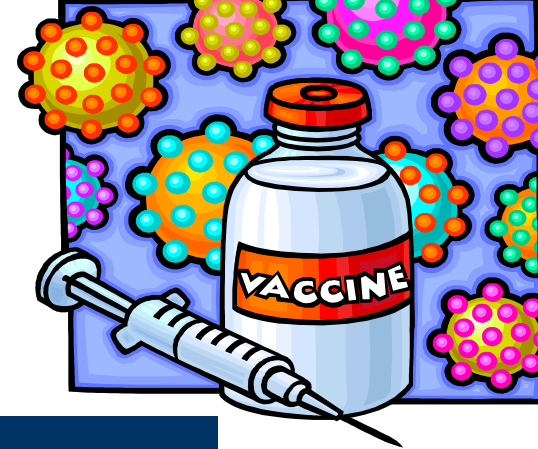
VFC

Vaccine for Children Program

- ❖ Who is eligible?
 - ✓ Medicaid eligible
 - ✓ Uninsured
 - ✓ American Indians or Alaska Native
 - ✓ Underinsured (i.e., the patient has health insurance but it does not cover vaccines)



VFC Billing



Per CPT coding rules, Code 90460 is replacing deleted Codes 90465–90468 for Vaccines for Children (VFC), a program for clients age 0–18. Codes 90471–90474 may still be used instead of 90460, which is for the total number of administrations.

- ❖ Code 90460 (non-VFC) is billed for the first component of a vaccine and is reimbursed at \$15.52. Code 90460 SL (VFC) is reimbursed at \$14.13. Code 90461 (non-VFC) is reimbursed at \$8.49. Code 90461 SL is allowed by the VFC Program but is bundled and will pay at \$0.00.
- ❖ If using 90471 or 90473, for each additional administration you need to use an add-on Codes 90472 or 90474).

VFC Billing (Continued)

- ❖ Follow the CPT coding instructions as outlined in the current CPT coding book for the proper use of these codes (i.e., face-to-face physician or qualified health care counseling time) recipient age, and add-on coding rules.

Also, a combination of these two sets for the same date of service, recipient, and provider will result in a CCI denial, with or without a CCI modifier, because CCI views Codes 90471, 90472, 90473, and 90474 as component codes to Codes 90460 and 90461.

VFC Billing (Continued)

- ❖ You may only bill for administration services if performed by or under the direct supervision of a reimbursable professional (i.e., physician, mid-level). VFC vaccines must be billed on a CMS-1500 at no charge (\$0.00) for the VFC-supplied vaccine and the administration should have the appropriate modifier (SL) to be reimbursed for the federally mandated administration rate of \$14.13.

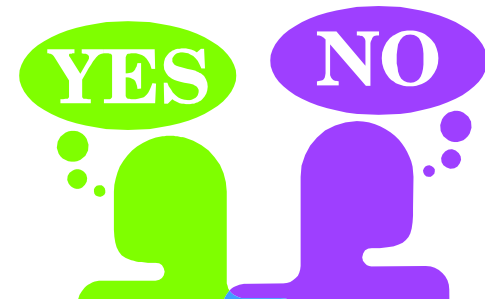
When to Bill Medicaid Clients

ARM 37.85.406

- (11) “Providers are required to accept, as payment in full, the amount paid by the Montana Medicaid program for a service or item provided to an eligible Medicaid recipient in accordance with the rules of the department. Providers shall not seek any payment in addition to or in lieu of the amount paid by the Montana Medicaid program from a recipient or his representative.”
- (b) “Provider may not bill a client after Medicaid has denied payment for covered services because the services are not medically necessary for the recipient.”

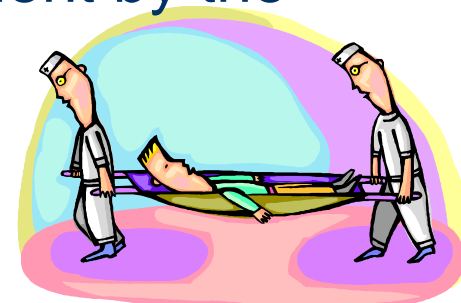
Providers may not bill Medicaid clients for services covered under Medicaid

- ❖ When the provider bills Medicaid for a covered service, and Medicaid denies the claim because of billing errors.
- ❖ When a third-party payer does not respond.
- ❖ When a client fails to arrive for a scheduled appointment.
- ❖ When services are free to the client (i.e., public health clinic)



Providers may not bill Medicaid clients for services covered under Medicaid

- ❖ If the patient informed the facility of Medicaid eligibility (unless prior to the services the facility informed the patient that they do not accept Medicaid patients and the patient agreed to pay privately for the services (signed agreement)).
- ❖ For the difference between charges and the amount Medicaid allowed.
- ❖ For a covered service provided to a Medicaid-enrolled client who was accepted as a Medicaid client by the provider, even if the claim was denied.



Medicaid clients can be billed in these instances:

- ❖ Providers may collect cost share
- ❖ Provider may bill a client for noncovered services if the provider has informed the recipient in advance of providing the services that Medicaid will not cover the service. A specific signed and dated agreement is necessary.

Exceptions



- ❖ Provider may bill a client for covered but medically unnecessary services, including services for which Medicaid has denied payment for lack of medical necessity, if the provider specifically informed the recipient in advance of providing the services that the services are not considered medically necessary under Medicaid criteria, that Medicaid will not pay for the services and that the recipient will be required to pay privately for the services, and the recipient has agreed to pay privately for the services. (Specific signed agreement)

Forms

Can be found in Appendix A of the *Physician-Related Services* manual on the Provider Information website.

Forms (Continued)

- ❖ On the Informed Consent to **Sterilization** form, all blanks must be completed. Include the complete address of the facility and the complete ZIP code.
- ❖ On the Medicaid **Hysterectomy** Acknowledgement form. only complete one section: **A or B or C.**